			• • • • ^U
. PLACE OF DEATH	Arizona State Bo	ard of Health	190 ATHER NO. 190
STANDARD CERTIFICATE OF DEATH	BUREAU OF VITAL	STATISTICS ARIZONA	RECEITERED NO. 103
COUNTY		VILLAGE	OR
TOWNSHIP COUNTY		# £	STWARD
CITY	IRRED IN HOSPITAL OR INSTITU	TION, GIVE ITS NAME INSTEAD OF THE	TRTH7YRSMOSDS.
ENGTH OF RESIDENCE IN CITY OR TOWN WHERE BEATH OCCURRED		HOW LONG IN U. A. IF OF FOREIGN	
FULL NAME Thomas A	EM Carrie	ONG INSTATE WHEN DEATH OCC	
(A) RESIDENCE: NO. MI TO	5T., _		GIVE CITY OR TOWN AND STATE)
****		MEDICAL CERTIFI	CATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOG OR RACE 5. SINGLE, MARRIED, WID-OWED, OR DIVORCED, (WRITE		21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 1911	
The Da WED THE W	ORD		THAT I ATTENDED DECEASED FROM
5A. IF MARRIED, WIDOWED, OR DIVORCED		77-1	3.33- 19 DEATH IS SAID
HUSBAND OF (OR) WIFE OF		I LAST SAW H ALIVE ONTO HAVE OCCURRED ON THE DATE ST	- /70 <i>f</i> S
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		ODINGIPAL CAUSE OF DEATH AND	RELATED CAUSES OF DATE OF
7. AGE YEARS MONTHS	AYS IF LESS THAN	IMPORTANCE WERE AS FOLLOWS:	2 ONSET 35-
17 2 1	ORMIN.	130000	
8. TRADE, PROFESSION, OR PARTICULAR	Dest		
O KIND OF WORK DONE, AS SPINNER, KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. 1. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL,	www.		
WORK HAS			
SAW MILL, BANK, ETC	1. TOTAL TIME (YEARS) SPENT IN THIS	OTHER CONTRIBUTORY CAUSES OF	MPORTANCE:
O THIS DECUPATION (HORALI	OCCUPATION.	1100	Colot, M. W.
12. BIRTHPLACE (CITY OR TOWN).	regord	man sufferent	J. Marion
		.	DATE OF
13. NAME TOTAL CUMPLE CUMPLE TO 14. BIRTHPLACE (GITY OR TOWN) TEOTA MO		NAME OF OPERATION	
(STATE OR COUNTY)		Name of the state	WAS THERE AN AUTOPSYTE LANGE IN ALSO
15. MAIDEN NAME	- Aller	THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE?	DATE OF INJURY, 19
0 16. BIRTHPLACE (CITY OR TOWN)	2) quay		IFY CITY OR TOWN, COUNTY AND STATE)
STATE OR COUNTY	andevill_	CAPECIEV WHETHER INJURY OCCUP	RED IN INDUSTRY, IN HOME, OR IN
17. INFORMANT (ADDRESS)	Wide	PUBLIC PLACE	
18. BURIAL, CREMATION OF REM	DATE July 17. 103.	MANNER OF INJURY.	
PLACE //	The state of the s	NATURE OF INJURY.	·
19. EMBALMER SIGNATURE	L. Hibborts	24. WAS DISEASE OR INJURY IN	ANY WAY RELATED TO OCCUPATION OF
SIGNATURE	stous-	DECEASED?	0. 0. 1
FUNERAL DIRECTOR ADDRESS	TO A COLOR	(SIGNED)	Klaydy fered M. C
20. FILED 7-17 19-35	REGISTRAR	(ADDRESS)	
	BACK OF CER	TIFICATE TO BE USED FOR ANY ADDIT	CONAL INFORMATION
TO THE PROPERTY OF THE PARTY OF	paten et a		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state formation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE.